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ORIGINAL ARTICLES.

SOME OBSERVATIONS WITH REFERENCE TO THE PRESENT DAY COLLEGE CURRICULUM.

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MR. President and Members of the College Alliance: I have been asked to prepare a paper on some phase of college administration. There is a question in my mind as to whether what I have to say can be classed under the above mentioned subject. It may better be designated under the head of "Some Observations with Reference to the Present Day College Curriculum."

The modern day scientific tendency has affected every branch of learning. This is so much a laboratory age that not only is chemistry, physics, and biology taught by the laboratory method, but such subjects as psychology, political science, economics and sociology, together with many other branches, have their laboratory courses. To-day the student not only wishes to arrive at a conclusion by reason and logic, but, in addition, he has to have a personal demonstration of a fact. This method of teaching also has the very great advantage of appealing to the senses of touch, smell, sight, and hearing, all of which increase the impression made upon the mind.

A half century ago a literary college consisted of dormitories, class rooms, library, and a faculty. To-day those colleges are having to struggle for their lives to readjust themselves to the demand, for the laboratory method, carrying with it tremendous expense for equipment and maintenance. This same demand is being felt by the secondary schools. As a result, unless a high school is able to provide well equipped experimental courses in the sciences, its graduates are not recognized by the entrance committee of the modern college.

The history of the medical school is no exception to the rule followed by other educational institutions. Our colleges are equipped with the most expensive apparatus for the teaching of anatomy, physiology, bacteriology, pathology, surgical demonstrations upon animals and clinical

laboratories. Some medical examining boards require that a student be graduated from a college having a certain number of men of its faculty who devote their whole time to college work. These whole time teachers are usually laboratory men. The visiting layman and prospective student receive a favorable or unfavorable impression when visiting a college, depending not altogether upon the names of great professors appearing in the catalogue, but upon the showing made by the laboratories in that college. No other branch of learning can be taught better by laboratory methods than medical science. No other institution so fascinates the layman as one in which are laboratories where subjects pertaining to the human body are taught.

It would not be unfair to the scientific world to say that Samuel Hahnemann was one of the pioneer scientific experimenters of medical times. It certainly would be true with reference to the administration of drugs. He was a noted chemist and he used that knowledge as a groundwork in conducting a series of experiments with drugs on human beings, the results of which tended to revolutionize the principles of therapeutics. His work was done a half a century before the medical laboratory was developed as we know it to-day. We do not yet know how far ahead of this time he was thinking and will not learn until the fundamental principle which he promulgated is accepted universally by the scientific world.

There were no laboratories open to Hahnemann and his followers, yet those early men conducted experimental work, the results of which represent the *materia medica* we now study.

Such men as Hughes, Burnett, Hering, T. F. Allen, Carrol Dunham, Wöesselhoft, and many others, gathered the crude drugs and material used for medicines, made their own tinctures, triturations and, finally, the attenuated drug to be administered to the patient. They were doing the kind of laboratory work which made them men with convictions that could not be shaken, because they saw with their own eyes.

These early men carried their practical laboratory work a step farther. After preparing their own medicines they proved their value by experiments upon themselves and their families and friends. By what better method could those men develop personal confidence or inspire that same belief into the minds and hearts of their patients? In proof of what has

just been said read the medical literature of the first twenty-five years of the life of the American Institute of Homœopathy. Every copy of the transactions of those times is filled with reports of just such experimental work as has been cited.

The discovery of bacteria in 1885 marked the beginning of a new epoch in medical science. The germ theory of disease appeared at first to strike a death blow at Hahnemann's law of similars. Scientific men believed that now knowing the unquestioned cause of disease it would be a very simple matter to eradicate pathological conditions by killing the germ. Since the discovery of bacteria there has been a second discovery equally as great as the first and intimately associated with it. It is the fact that bacteria are universally present, but usually do not *cause* disease excepting when the body has a weakened resistance to them.

As a result, we now raise the resistance of the body against typhoid fever and by that method make that disease practically unknown in the United States Army. The germ then only offers a small part of the cause of disease. We do not kill the bacteria, but create a soil in which growth is impossible. I say, then, that the discovery of bacteria and their relation to disease was a severe temporary blow to the drug investigation, according to the law of similars. I am not sure but it was a partial cause for the so-called drug nihilism of the thinking men of the allopathic school, when they discovered how impossible it was; to kill the germ once infecting the body there seemed to be nothing to do but rest back upon the theory of self-limitation of disease. In the light of our present knowledge we know that means a patient gets well when he increases his own resistance without assistance and means no doctoring at all.

The work of Wright, of London, and Fox, of Johns Hopkins, the first with opsinins and the second with Rhus toxicodendron, sounded a new and refreshing note in the therapeutic world. The one with the product of germ growth and the other with the higher vegetable drug showed that there was a curative relation between the agent which contributes to the cause of disease and that same agent as a cure for the same or a similar diseased condition. That was not new to the homœopathic school, not even the vaccine therapy of Wright, for had not Hering and Burnett, fifty years before, used tubercular lung content for the cure of that same malady?

Vaccine therapy has taught us present day Homœopaths a great lesson. It has taught us, as it did "Peter when he denied his Lord," to go back to his master with renewed vigor. It has taught us that the greatest curative factor in the treatment of disease comes from within the patient's own body and all that is needed is to give new impetus to body cells, which have be-

come intoxicated by poisons from without. In other words, the law of similars of Samuel Hahnemann.

It is unfortunate that this hesitancy in the progress of our school should have come incident to the bacteria age. For at that time began the general revolution in college teaching. Practically all of the laboratory work of medical schools has come in since that time.

The greatest work of medical science is yet before us. The scientific world must be shown the truth with reference to drug action in disease. It can be done by the homœopathic colleges as by no other body. For some of the advanced men of the allopathic school to say that the theory of immunity and vaccine therapy is explained by the Homœopathic Law only touches the edge of the universality of that law.

It is the logical work of the homœopathic colleges of to-day. It is not a question of competition with any other scientific group of workers, it is simply our plain duty and that the only reason why we should exist. Truths are of value only as they are recognized and made use of. The universal acceptance and application of the law of similars in the treatment of pneumonia alone would save thousands of lives annually besides hundreds of thousands of dollars.

How then may we improve upon our present methods. We can do so by centering our efforts in our colleges around the teaching of materia medica and therapeutics. Surgery, gynecology, obstetrics, and other branches dealing with the mechanics of our science, as important as they are, should only be regarded as accessory to materia medica. Every known laboratory asset both as to facts contributed and equipment should be utilized in a laboratory for the teaching of materia medica. The student, in his sophomore year, should have a course which compels him to see, feel, smell, taste, and in every way familiarize himself with the drugs used for medicinal purposes. He should be required to prepare the tincture, trituration and attenuated remedy.

The various biological products should be demonstrated by actual experiment how the old nosodes are prepared and then demonstrate to the student the fact that Hering and Burnett were a half century ahead of the thought of their time when they proclaimed the curative value of the nosodes.

By such a course as has just been outlined, together with much more, will the present and coming generation of medical students be taught the real value of the drugs they are to administer. By such methods will a foundation be laid for drug proving and research. And, ladies and gentlemen, out of the fruits of such work, and by no other, will the scientific world be convinced of the truth of the law of similars. No amount of talk about what has been done by Homœ-

opathy, but an honest and an earnest appeal for endowment to carry on hard work along these lines will spell success.

The college *materia medica* laboratory is the place to start the embryo doctor on his way in therapeutic learning. Hard toil has its reward in a respect that is never failing. Out of such a laboratory will come men prepared to carry on drug research and there will be built up in every college a research department distinctively our own. Our colleges will then be true institutions for the development of therapeutic specialists whether they be surgeons or ophthalmologists. Such a work will have for its reward medical unity and disease will have lost much of its terror.

Why do we hesitate in our support of this the only excuse for our existence? Why do we hesitate when every scientific step in chemistry, physics and biology is a vindication of our principle? We believe it is because a groundwork is not sufficiently laid by actual laboratory experimentation. The truth is at our feet and is being gradually discovered in the laboratory.

Men of our faith are better fitted to teach and be taught because we are familiar with the history and literature on this subject.

The results of such research should be published in such a way as to be available for future generations as well as the present generation. Our journals are the barometers which register the medical thought of the time. If they are to record the conditions as they exist, all the scientific papers should be printed in them. On the other hand, when such material appears in the journals of the old school the true identity of the author is not made known in the majority of instances.

It is the belief of your speaker that the official journal of a society is the most important agency in the maintaining of its membership. In the case of the American Institute only a very small percentage of its membership attend any single meeting or ever will do so. If, then, its official journal is a live, valuable, scientific publication that brings something worth while to the reader, it then will give value received for a membership in the society. The same holds true of the journals of State and other societies of the school. To make these journals worth while, then, every paper written by men of our school and the material brought out from our research efforts should be given to our journals.

We are aware of the excellent work being done by the Hering Research Laboratory of Hahnemann, of Philadelphia, and of the Evans Memorial, of Boston University. It is all commendable. What we are making a plea for, is the laboratory with the undergraduate study of *materia medica*. When that is accomplished then the keystone is placed which makes all the other

laboratory and clinical courses one firm medical and surgical structure.

We do not want students to study in our colleges simply because they are to be homœopathic doctors, but because having studied the principles and practices of homœopathy they are better equipped to treat the sick. We believe a physician who thoroughly understands homœopathic *materia medica* is better equipped to cope with disease, whether it be the after care of a surgical case or the attendance upon an obstetrical case.

We stand out as a school of medicine for but one reason, but that principle enters into the treatment of every pathological condition. Let us remember that there is still and always will be work to be done in drug pathogenesis. May every college of our school maintain a required laboratory course in connection with the department of *materia medica* and out of it will come better doctors and our literature will be filled with the results of pathogenetic research.

SOME HOMŒOPATHIC HEART REMEDIES.

BY FRITZ C. ASKENSTEDT, M. D., LOUISVILLE, KY.

FEW organs of the human body lend themselves as well to observation and study as does the heart. Inspection, palpation, auscultation, each affords a considerable amount of information regarding its functions; and the more recent methods of examination, sphygmomanometry and graphic tracings, have added an accuracy to the diagnosis of heart disease scarcely dreamed of a few decades ago. Each symptom has acquired a new import, and the varying syndromes of heart disease can be traced with reasonable certainty not only to the particular tissue or tissues involved, but often to the exact locality and extent of the lesion. With increased accuracy in diagnosis, homœopathic therapeutics has gained in precision of application, for in the light of the newer physiology the haze of disconnected heart symptoms recorded in helter skelter fashion in most of our text books is being crystallized into the shape and form of well-defined cell activity. For this therapeutic advance due credit should also be given experimental pharmacology. While it is true that the lessons of the laboratory may not unreservedly be applied to clinical cases, yet they may aid us in rearranging the symptoms of our *materia medica* into their proper settings of relationship and interdependence based on a common cellular pathology, and thus render the provings of our heart remedies—even the very oldest provings—capable of an amplified scientific interpretation. In this way a closer insight into the physiological action of our medicines can be obtained, and we are enabled to select with greater facility and precision the similitum that will reach the cells

of perverted metabolism, wherever located. It is readily admitted that the present teachings of pathology and diagnosis are in many respects unsatisfactory, and always will be; but if homœopathy is to make progress it will be in the direction of a more intelligent drug pathogenesis, long since advocated by Hughes and Burt, and every day of advance of pathology and diagnosis promotes a more rational and accurate use of our drugs. With this conviction, the following accounts of drug effects have been compiled, the symptoms having been gathered exclusively from homœopathic text books, while the order of sequence of their appearance and the anatomical pathology is largely derived from old school works on pharmacology.

The different functions of the various tissues of the heart make it seem expedient to classify the remedies according to their selective action upon these tissues. Such a classification is attempted by the table seen below. Some remedies, as Arsenic and Phosphorus, which seem to act equally upon all the cardiac tissues, have been classified merely a myocardial. Strictly considered they are not heart remedies, since they have no special affinity for the heart or its nerve centers, but the similarity of their action to that of some infections producing fatty degeneration

ACTION OF HEART REMEDIES

	Myocardium.	Cardio-inhibitory System.	Cardio-accelerator System.	Vaso-motor System.
Acids.	D			DC
Aconit. napellus.	S,TD	SC,TDC		S&DC
Ammonium.			SC	SC
Amyl nitrosum.	S?	DC		D powerful'y
Arsenic. album.	D			DM
Baryta muriaticum	S			SM powerfully
Belladonna.	D	SC&DE		SC both constrictor and dilator
Coffea.	S	SC		SC
Conium.		S&DE		SE
Digitalis.	S	SC&E		SC slightly
Gelsemium.		DE		
Glonoin.		DC		D
Kalmia.	S?	S?		
Lachesis.	D?	S?D		D
Lycopus virginicus	S?	S?		
Naja.	D?	S?D		D greatly
Opium.		SC		SC indir'tly
Phosphorus.	D			DM
Potash salts.	D			D
Secale cornutum.			SE,TDE	SE intensely
Sodium salts.			S	S
Spigelia.	S?			
Tabacum.	S&D	SE&DE		SE powerfully
Veratrum viride.	S	SC,TDE		S&DE

"S," stimulates; "D," depresses or paralyzes; "C," central; "E," peripheral endings; "M," muscle fibers; "T," toxic doses.

of internal organs, with gradual failure of the heart, justifies us in including them at this time.

In the study of our heart remedies a few cardinal facts of the newer physiology of the heart should be borne in mind, and will here be briefly stated. Unlike other muscular tissues, the muscle fibers of the heart, when perfused with blood or serum, are capable of generating their own stimulus, and are thereby enabled to contract spontaneously. The individual cardiac muscle fibers have been found to possess five special functions, viz.:

1. *Stimulus production*, the power of the fiber of producing a stimulus which can excite it to contract.

2. *Excitability*, the power of being able to receive a stimulus.

3. *Conductivity*, the power of conveying an impulse from and to other cells.

4. *Contractility*, the power of contraction when stimulated.

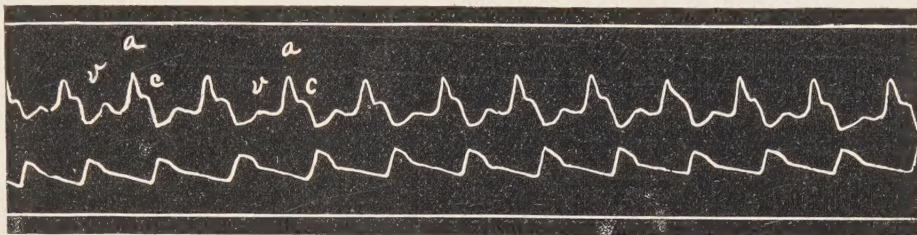
5. *Tonicity*, the power to retain a certain amount of residual contraction when the active movement has ceased.

The exercise of any of the first four functions mentioned is immediately followed by exhaustion of that particular function, with gradual but rapid restoration. This induces a rhythmic contraction of the myocardium, even when stripped of all nervous tissue.

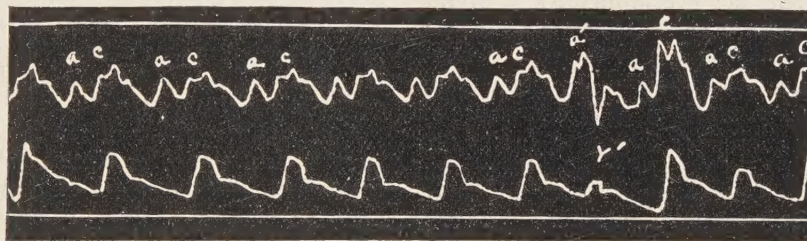
The excitability is greater in the auricles, especially at the mouths of the great veins, than in the ventricles. If the auricles are suddenly severed from the ventricles, the latter will assume a rhythm—after a pause of inactivity—much slower than that of the auricles. The auricles transmit their impulses of contraction to the ventricles over the auriculo-ventricular bundle (bundle of His)—a narrow bridge of muscular tissue of peculiar type, beginning in the right auricle and extending to the apices of the ventricles—and thus set the pace for the contractions of the whole heart. When the integrity of this bundle is impaired the impulses travel more slowly, and may occasionally fail to reach the ventricles (partial heart block), with consequent failure of the ventricular contraction. If the continuity of the bundle is entirely destroyed all the impulses from the auricles become arrested and the ventricles assume a rhythm of their own (about 30 to the minute) entirely out of harmony with the auricular contractions (complete heart block). Again the auricular systoles may be broken up into an irregular flutter or into mere fibrillar contractions, thereby bombarding the ventricles with impulses and throwing them into a most rapid and confused activity (delerium cordis), often the forerunner of death and sometimes produced by the protracted stimulation of the heart with Digitalis. At other times, an abnormal irritation of the auriculo-ventricular node or the body of the bundle, which normally pos-

sesses greater excitability than the ordinary myocardial tissue, will result in a premature contraction at this point, giving rise to an ascending and descending impulse causing auricles and ventricles to contract simultaneously (extra-systole) or at nearly the same time, several varieties occurring. This contraction occurs too early after the preceding normal contraction, and owing to the diminished period of rest and restoration, the myocardium is unable to con-

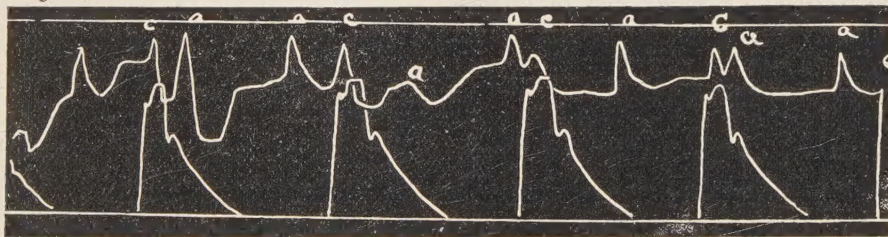
tract with the usual amount of vigor and a small pulse wave results, sometimes so small as to be imperceptible to the palpating finger. This is the usual cause of intermittent pulse. Loss of tonicity leads to dilatation and, at times, is exhibited by an alternating pulse. In the latter instance a large and a small pulse wave alternate, but each occurs in its normal position, and in this respect the small wave differs from that of extra-systole, which occurs prematurely.



Normal jugular and radial tracings. *a*—auricular wave in jugular vein, produced by the accumulation of blood in the vein during contraction of the right auricle. *c*—Carotid wave, produced by distention of the carotid artery during contraction of left ventricle. *v*—Ventricular wave, due to obstruction of the flow in the jugular vein offered by the closed tricuspid valve during systole of right ventricle. Note the short distance between the auricular and carotid waves, the so-called *a-c* interval.



Increased *a-c* interval (threatened heart block) and extra-systole. (From a case of myocarditis). Note the relatively longer *a-c* interval, which lengthening is caused by obstruction to the impulse of contraction traveling from the auricle to the ventricles, and resulting in a delayed ventricular systole—the first step toward heart block. At *r*, a premature contraction of the ventricles, from an abnormal impulse, is observed (ventricular extra-systole); and this coincides with the normal contraction of the auricles, so that regurgitation into the vein is shown at *a*.



Complete heart block. Rythm 8 to 5, as indicated by the relative frequency of the auricular and carotid waves. Radial pulse 34.

While the heart seems capable of maintaining its own action and nutrition independently of the nervous system, this system serves as a means of inter-communication between the heart and distant organs. Its nerve supply is derived from the sympathetic nervous system and from branches of the vagi, whose terminal fibers arborize around nerve cells in the cardiac ganglia, which are distributed to the heart in groups, principally in the walls of the auricles. From these

ganglion cells non-medullated fibers pass to the fibers of the heart muscle. Each system has its own supreme nerve center in the medulla—a cardio-accelerator center for the sympathetic, and a cardio-inhibitory center for the vagus. Stimulation of the sympathetic nerves supplied the heart produces an increase in the force and rate of the contractions, and an increased conductivity of the auriculo-ventricular bundle. Opposed to this is the action of the vagus, which,

when stimulated, retards the beats of the heart, reduces their force and lowers the conductivity of the bundle even to the extent, when over-stimulated, of producing complete heart block, finally arresting the activity of both auricles and ventricles in diastole. Normally, both systems are subject to constant tonic stimulation from their centers in the medulla. Paralysis of the center or terminal fibers of the vagus abolishes the natural inhibitory function of the nerve and results in an acceleration of the cardiac movements; paralysis of the accelerating center in the medulla, the existence of which is hypothetical, not having been positively demonstrated, will reduce the activity of the heart. Reflex action of afferent nerves is also known to provoke acceleration by inhibiting the inhibitory function of the vagus, and, at other times, to retard the heart's action by vagus stimulation, and in this way the heart, as well as the blood vessels, is made to respond to the call of distant organs.

The especial affinity of some remedies for certain structures of the nervous mechanism of the heart has been well proven. Aconite, Veratrum, Digitalis act predominantly as stimulants to the vagus center; Tabacum, Conium, Gelsemium paralyze the ganglion cells, around which the vagus arborizes; while Belladonna paralyzes the nerve endings of these ganglion cells, and Secale stimulates the nerve endings of the sympathetic system. This selective action can be utilized in the diagnosis, as well as therapeutics, of certain cardiac affections. For example, an incomplete heart block due to a reflex or direct action on the vagus can be temporarily removed with physiological doses of Atropine, which, by paralyzing the terminal endings of the cardio-inhibitory system, prevent the inhibitory stimuli of the center from reaching the heart muscle. A block due to disease of the auriculo-ventricular bundle would remain unaffected. In the same way it will abolish extra-systoles of a reflex origin.

The teachings of physiology and clinical medicine warrant us in formulating the diagnostic hints given below for the purpose of facilitating the study of drug effects and disease syndromes, but, on account of their limited scope and isolated position, these aphorisms are not to be regarded as infallible guides. The true clinician will give careful consideration to all the symptoms, seek a rational explanation for developing syndromes, regarding no rule infallible, and trace, as far as possible, the evidence of disease to their remote as well as to their more apparent lesions. In like manner the study of drug action should be pursued. Since no drug provings have been made to the extent of producing anatomical alterations of the valves, such disorders have been left out of consideration in this essay. After all, our hope of alleviating the re-

sults of valvular disease depends upon our ability to bring about muscular compensation.

The following syndromes express well-known pathological conditions:

Rapid heart beat, with increased force and augmented arterial pressure, is a result of direct stimulation of the myocardium (full strophanthus effect), or of the sympathetic nerves (Secale), or it is due to inhibition or arrest of the vagus stimulus (Belladonna).

Rapid heart beat, with feeble force and lowered blood pressure is produced by loss of muscular tonicity—dilatation (Arsenic, Phosphorus).

Very rapid heart beats (160-200), with marked irregularity is evidence of auricular fibrillation (Digitalis).

Moderately slow and feeble heart beat points to vagus stimulation (Veratrum viride).

Moderately slow heart beat, with increased force, is the result of simultaneous stimulation of the vagus and the myocardium (Coffea).

Very slow heart beat (about 30 per minute), of considerable force, is almost always due to heart block (Digitalis, Squilla).

Intermissions of ventricular systoles, the auricles beating regularly (best recognized by polygram), are evidence of partial heart block (Digitalis, Lycopus).

Constantly varying intervals between the ventricular and auricular waves (v-a interval, best recognized by polygram) in jugular vein show a disturbance of the relation between functions of the vagus and of the sympathetic (Tabacum).

Extra-systoles (recognized by auscultation or polygram; often by palpating finger) are due to abnormal irritation of the auriculo-ventricular node or bundle. This irritation is usually local (Spigelia), but may be reflex.

Alternating pulse is the result of diminished muscular tonicity (Antimonium tartaricum).

Slow heart action, with dilatation of blood vessels, indicates stimulation of depressor branch of vagus (Glonoin).

(When estimating the action of the heart by the radial pulse the effect of the blood pressure on the pulse wave should be considered.)

In discussion of the individual heart remedies space permits only the best known drugs and their salient features to be included. The advance made during the last few decades in experimental pharmacology has made necessary many alterations in the elucidation of drug action, while many old views have become established as facts no longer subject to controversy. Obsolete ideas of drug action, some of which have crept into our homœopathic text books, have been discarded. Since the drug effects on one organ isolated from those of other parts must prove inadequate for the selection of the homœopathic remedy, the description of the action of the remedies to follow is meant simply to

suggest their homœopathic indication upon the broader basis of the general drug action and the total symptomatology more fully dealt with in our text books on *materia medica*.

ACONITUM NAPELLUS.

Aconite attacks all nitrogenous tissues, affecting particularly the central nervous system, the nerves, and the muscles. It has a special affinity for the endings of the sensory nerves, causing, at first, a smarting and tingling of the skin and mucous membranes, followed by diminished sensibility.

The first noticeable effect of Aconite upon the heart is a direct stimulation of the myocardium, giving rise to a quick, full and strong pulse. This is soon overcome by a more marked stimulation of the cardio-inhibitory center, which greatly reduces both the force and frequency of the heart beats and, as a result of this reduced cardiac activity, the blood pressure falls, notwithstanding a stimulation of the vaso-motor constrictors, and a sense of chilliness is experienced. In toxic doses, paralysis of the inhibitory mechanism follows, and there is a marked augmentation of the irritability of the cardiac muscle accompanied by weakened contractility and conduction. The heart's action is violent, gradually weakening, and eventually its rhythm is interrupted by extra-systoles, auricular fibrillation and heart block.

Under the moderate doses of the provers the chilliness is often followed by a reaction of dry heat, restlessness, fever and thirst. The thermotaxic or heat regulating function is disturbed, so that the temperature of the body tends to fluctuate with the temperature of the surroundings, a lack of balance observed in all fevers. The vaso-motor center, at first slightly stimulated, becomes depressed, permitting a dilatation of the smaller arteries and consequent arterial hyperæmia.

The powerful but ephermal action of Aconite upon the nervous system and circulation renders it indicated in cases of arterial hyperæmia or acute infections attended by chilliness, followed by arterial and bodily excitement, sensations of tingling and heat, fear and fever. It is evident that a slow pulse—out of proportion to the amount of fever—and a low blood pressure, as is usual in pneumonia, is no contraindication for the use of Aconite.

In diseases of the heart, it should be considered especially in connection with the myocarditides of acute infections (rheumatism, pneumonia), even in the advanced stage manifested by extra-systoles, auricular fibrillation, and heart block. "Stitches in the cardiac region;" "pressive pain about the heart;" "palpitation of heart, with anxiety;" "precordial anxiety" are subjective symptoms under Aconite suggesting myocarditis.

AMYL NITROSUM.

This remedy is an analogue of Glonoin, and is even prompter in its action. It has a direct

and pronounced paralyzing effect upon the muscular wall of the arteries and veins, especially those of the head, neck and abdominal organs. The coronary arteries also dilate. There is flushing of the face and neck, a sense of fulness and distension of the head, ringing in the ears, vertigo, confusion of mind, sometimes violent headache and even unconsciousness. There is more flushing, but less throbbing than under Glonoin.

Its action upon the heart is less marked. The pulse is quickened through inhibition of the vagus center and possibly also by direct action on the heart muscle. There is rapid lowering of arterial tension, and by a reduction of oxidation considerable fall of temperature. Although the walls of the pulmonary vessels are scarcely affected, the respiration becomes labored and rapid, possibly due to the low blood pressure. The keynote for the Amyl is "flushing of face and neck, with heat and perspiration of same, accompanied by cold hands and feet." Its homœopathic uses are in the treatment of functional cardiac disturbances, with vaso-motor paralysis, especially of the face, as at the climacteric. It is also of value in hypertrophy of the heart.

ARSENICUM ALBUM.

The destructive action of arsenic upon protoplasm in general is observed upon all the tissues of the heart, especially upon the myocardium. Endocarditis and myocarditis, with fatty degeneration and dilatation, are its most important lesions.

The pulse may be slow, weak, or irregular, but more often rapid, growing gradually feebler and finally becomes thready. The palpitation is worse at night, and attended by anguish. Owing principally to paralyzing effect of Arsenic upon the muscular coat of the arteries, especially the mesenteric vessels, the blood pressure is progressively reduced and the stomach and bowels become congested. There is a sensation of burning in the chest, as elsewhere; also marked dyspnoea, hemoptysis, and, in various parts, dropsy, due to increased permeability of the capillaries.

Arsenic is most frequently indicated in fatty degeneration and dilatation of the heart from protracted fevers, as typhoid, malaria, pyæmia, and from various anemias and in old age.

BARYTA MURIATICA.

Acts mainly upon the muscular coat of the arteries, which is powerfully stimulated, resulting in a considerable rise of blood pressure. Under its continued action changes take place in the vessels closely resembling the Moenckeborg type of arterio-sclerosis. The muscle fibers of the middle coat first show degeneration, then the elastic fibrous tissues and, later, the internal tunic shows secondary plaques of connective tissue proliferations. These degenerative changes

in the tunica media proceed to fatty degeneration, connective tissue formation, and even calcification. In the weakened places aneurismal sacs appear. The arteries most susceptible to the degeneration are the entire aorta and the vessels of the neck. The cerebral and renal arteries may also become involved, though less frequently.

The symptomatology of the salts of Baryta is so strongly indicative of senility that long before the time of histological research—yes, even at the time of Hahnemann—these remedies were used homœopathically for the infirmities of old age. Dyspnoea, worse on lying down; dry or moist cough; vertigo, as if everything was turning around; mental feebleness and loss of memory; constipation or bloody stools are some of the symptoms of Baryta muriaticum, easily accounted for by the vascular degeneration.

It has proven one of our most valuable remedies in the disorders of arterio-sclerosis.

BELLADONNA.

This remedy first stimulates the cerebrospinal centers, then paralyzes all afferent nerve endings and the non-medullated nerve fibers of the cardiac ganglia acted on by the vagus. The effect upon the heart is, first, a brief period of retarded heart action, from stimulation of the vagus center, which is followed by a rapid, full, bounding pulse, due to paralysis of the periphery of the inhibitory system; later the pulse becomes softer from direct depression of the heart muscle. Stimulation of the vasomotor constrictor and dilator centers causes a contraction of the arterioles of the abdomen, while other arteries dilate; which directs the flow of blood from the abdominal cavity to more superficial parts. Thus Belladonna produces an active congestion of the skin, fauces and brain, manifested by redness, by throbbing, by pain and delirium. Its power to produce actual inflammation of these parts is well-known through our provings. The arterial tension may or may not be raised. Oxidation of tissue is increased, as shown by a rise of temperature and an augmented elimination of urea.

As a heart remedy its use will be found in endocarditis and myocarditis of eruptive fevers, and various functional irregularities attended by the characteristic rapid, full, bounding pulse.

CACTUS GRANDIFLORUS.

Experimental research in old school hands has failed to obtain marked pathogenic action of Cactus upon dogs. It does not, however, necessarily follow that the human heart is equally refractive to its influence, nor that a remedy of weak pathogenic power is inert as a therapeutic agent. From the provings of Dr. Rubini and four others it is inferred that Cactus influences the heart's action mainly through the sympathetic system. The vaso-motor ganglia are also

involved, especially the first cervical ganglion, giving rise to active congestion of various organs, notably the brain and lungs. Hæmorrhages of the nose, lungs, stomach and bowels have been observed. The leading symptom of Cactus is a sense of constriction as though from an iron band, of the heart and lungs. The pulse is usually irregular and rapid. There is pain in the apex region of the heart, shooting down left arm to ends of fingers.

Cactus differs in its action from Aconite in presenting less nervous symptoms, and from Digitalis in producing an active instead of passive congestion.

Its clinical uses are to be found principally in palpitation from nervous excitement, from the abuse of coffee or tobacco.

COFFEA.

Acts as a stimulant to the whole nervous system, especially its reflex and psychic functions. It also acts directly upon the muscles, whose excitability and endurance are augmented. In experimental animals the heart beats are increased, both in rhythm and force, by direct action on the cardiac muscle, but this acceleration does not usually obtain in man. Here the inhibitory center of the medulla is more markedly stimulated, sufficiently to counter-balance the action of the drug on the myocardium, and a reduction of the pulse rate usually results, with increase in force of the systole. Palpitation may be experienced. The vaso-motor center is stimulated and the consequent contraction of the arteries raises the blood pressure. The temperature is increased in some cases.

Coffea is especially indicated in that class of neurasthenic patients who, from pleasurable emotions, suffer nervous overactivity and hyperæsthesia, insomnia, profuse urinary elimination, palpitation, high blood pressure, and cardiac hypertrophy.

DIGITALIS.

Probably no heart remedy has been more thoroughly studied, experimentally and clinically, than has Digitalis. By its well-known action as a stimulant of the cardio-inhibitory center and directly of the heart muscle, it has become typical of a large series of heart remedies, including Strophanthus, Squilla, Helleborus niger, Apocynum, Convallaria, Adonis vernalis.

The action of Digitalis is the result of the opposing forces of stimulation of the myocardium, increasing the rate and duration of the systoles, and of the vagus prolonging the diastoles and dilating the heart; the vagus being stimulated, both at its center and its periphery. In frogs myocardial stimulation prevails, and the systoles are increased in duration at the expense of the diastole until the heart becomes tetanized. In the higher animals, on the other hand, the inhibitory action usually prevails, so that the

diastoles are prolonged, and the heart, when finally arrested, is dilated. Dosage and individual susceptibilities determine the effect of Digitalis in man. In physiological doses the heart action is usually retarded by an increase in the duration of the diastoles, due to vagus stimulation, but the stimulation of the muscle invigorates the contractions, even to the complete emptying of the ventricles, which normally does not occur. The pulse is retarded, full and strong. Although the output at each systole is greater than normally, the circulation may be impeded on account of the retarded heart action. Large doses considerably interfere with the normal propulsion of blood, both by depressing the cardiac function through vagus stimulation and, as observed in an advanced stage, by overstimulating the heart muscle, which is thrown into violent activity preventing proper filling of the ventricles and thus favoring the accumulation of blood into the veins. Extra-systoles, heart block, and, finally, fibrillation of both auricles and ventricles develop before the heart stops. It will be seen that while in diseased states Digitalis may act as a stimulant to a circulation impaired by loss of muscle tonus, under normal conditions, as in our drug provings, the circulation is usually embarrassed by the drug action, and hence the many symptoms recorded as a result of venous congestion. As has been shown, the Digitalis pulse may be slow and full, with intermissions from heart block, owing to a prevailing inhibitory action; or, on the other hand, in a later stage when myocardial stimulation dominates, the pulse will be found very rapid, intermittent from extra-systoles, and ultimately it merges into the irregularity of delirium cordis.

In regard to the vaso-motor action of Digitalis a difference is noted in man and lower animals. In the latter this action is pronounced, mainly through direct stimulation of the muscle fibres of the arteries, and, to a lesser degree, by stimulation of the vasomotor center in the medulla; while in man the constriction of the arterioles is much less perceptible, all evidence being absent in many cases.

The symptoms of Digitalis are such as indicate marked venous engorgement of the lungs (air hunger, pulmonary oedema, dry cough, hemoptysis); of the liver (enlargement of liver, and ash colored stools); of the kidneys (scanty, dark, turbid urine); of the extremities (coldness and dropsy); of the brain (vertigo, with great anxiety and faintness). Of the same import are the more general symptoms: great weakness, cold clammy sweat; sickly deathlike expression; nausea and vomiting. The symptoms are usually aggravated by movement.

Digitalis should be considered in all chronic cases of failing cardiac compensation, especially when attended by extra-systoles or auricular fibrillation. In threatened (lengthened a-c in-

terval) or complete heart block in chronic heart disease, it is especially indicated.

GLONOIN.

Acts speedily through the cerebrospinal nervous system and especially on the muscle fibers of the arteries and veins, causing general vaso-motor paralysis, and by depressing the function of the pneumogastric nerve sometimes increases the heart beats. The dilatation of the smaller arteries gives rise to a painless throbbing, especially in the head, and to a greatly lowered arterial pressure. The congestion of the brain is often attended by vertigo and a sense of pulsation, not the severe throbbing of Belladonna. The mind is depressed, as under *Veratrum viride*, but the gastric symptoms are less prominent than under the *Veratrum*. The keynote of Glonoin is a painless throbbing or pulsation in the whole body. This remedy is to be thought of in disturbed heart function due to cerebral congestions, apoplexy, epilepsy, or sunstroke when the vaso-motors are inhibited.

KALMIA.

This remedy has been studied but little, experimentally. It probably acts through the vagus, which it stimulates, and directly upon the heart muscle, causing a slow, weak pulse, sometimes quick and irregular. There is palpitation of the heart with anxiety and oppressed breathing, made worse by exercise. Shooting pains are also felt above the heart, extending into shoulder blade and in left arm.

It is distinctly a rheumatic remedy, and should be thought of in the rheumatic affections of the heart, producing extra-systoles or heart block. It may also be indicated in angina pectoris.

LACHESIS.

Acts primarily upon the cerebrospinal system, especially the vagus nerve, through which it affects the throat, larynx, lungs and heart. It also induces paralysis of the vaso-motor nervous system, though less so than other snake poisons, and causes decomposition of the blood. The pulse is accelerated, often unequal or intermittent. There is a cramplike pain in the region of the heart, with anxiety. Lying down causes suffocation. There is marked aggravation of symptoms after sleep and from touch. Through its vaso-motor action it produces heat and redness of face, and burning of palms of hands and soles of feet. This renders it an especially valuable remedy for the palpitation and hot flashes occurring during the climacteric or in neurasthenia. It is also useful in threatening heart failure from diphtheria or asthenic fevers, as typhoid, pyæmia or septicæmia.

LILIUM TIGRINUM.

Produces cardiac irritability through reflex action—probably inhibiting the vagus—arising especially in the generative organs. There are

fluttering and palpitation of the heart, a pressive pain in the heart, often a sensation as if the heart was squeezed in a vise, or alternately grasped and relaxed.

It is especially suited to nervous women, with uterine antelexion and subject to attacks of palpitation.

LYCOPUS VIRGINICUS.

But few animal experiments have been done with *Lycopus* to ascertain its physiological action, but provings warrant the opinion that it causes stimulation of the vagus, with slow, weak pulse (even as low as 46); then through direct muscular action the heart beats become quick and irregular. That its continued use in moderate doses would lead to hypertrophy is apparent. During the stage of arrhythmia the blood pressure is lowered.

The symptomatology is like that of *Digitalis*: slow or rapid, irregular pulse, with venous congestion. There is, however, much pain under *Lycopus*, while *Digitalis* is almost free from it. The muscles and articulations are especially painful. The urine is scant and contains oxalate of lime crystals. The characteristic symptom of *Lycopus* is a marked protrusion of the eyeballs.

The remedy is of great value in functional disorders of the heart, in exophthalmic goitre, in rheumatic heart affections, with or without hypertrophy and extra-systoles.

NAJA.

Its general action is closely similar to that of *Lachesis*, but it produces more marked paralysis and less convulsive movements than the latter. The pulse may be slow and irregular in rhythm and force (probably from brief primary stimulation of vagus); later becomes weak and thready. The vaso-motor system is paralyzed and the blood pressure greatly reduced. There are severe pains in the region of the heart, palpitation and fluttering. Symptoms are made worse by the use of stimulants; better from walking in the open air. These modalities serve to indicate its use in the diseases mentioned under *Lachesis*.

OPIUM.

Acts primarily on the cerebral centers, profoundly depressing the respiratory and stimulating the cardio-inhibitory center. In this way marked retardation of respiration and heart action are produced. Through insufficient aeration of the blood, due to the depressed respiration, the vaso-motor center of the medulla is stimulated and the blood vessels contract (except those of face and neck, which are dilated), resulting in a considerable rise of blood pressure. The blood pressure may fluctuate, owing to the varying effect of the asphyxia, on the one hand, and that of the retarded circulation, on the other.

The brain shows evidence of marked congestion. There is stupor; the face is flushed; pupils

contracted; respiration slow and stertorous; pulse at first full and slow, later soft and small; urine is scant, the skin moist.

While not distinctly a heart remedy, Opium is indicated in cerebral paralysis when the pulse is slow, vascular tension at first high, then gradually sinking.

PHOSPHORUS.

Produces fatty infiltration and degeneration (?) of the heart, muscles and arteries. It is more prone to affect the right side of the heart than Arsenic, whose action is principally upon the left. The heart sounds become nearly equal in length (dilatation), and systolic murmurs are heard over the heart and over the arch of the aorta. The pulse is rapid, weak and soft, aggravated by motion. The patient cannot lie comfortably on the left side. Blood pressure is reduced. Hæmorrhages, due to rupture of the degenerated arteries and a hemolytic action of Phosphorus, occur in various parts.

In fatty degeneration of the heart in tuberculosis, pneumonia, typhoid fever, acute yellow atrophy of the liver, or in pernicious anæmia or old age, Phosphorus will prove a valuable remedy.

SECALE CORNUTUM.

This remedy has a special affinity for the endings of the sympathetic nerves connected with the thoracic and lumbar spinal nerves, in physiological doses stimulating and in toxic doses paralyzing them. As a result of the stimulation of these vaso-motor nerve endings of the abdominal cavity and of the limbs there is a rapid rise of blood pressure. The high blood pressure stimulates the vagus center and consequently tends to depress the heart's action. But this influence upon the heart is more than counterbalanced by a stimulating effect directly on its sympathetic nerve endings, and, though alternations may occur, the cardiac action is most frequently accelerated and increased in force. The leading expression of the pathogenesis of *Secale* is therefore vaso-motor stimulation and a high blood pressure, while the veins are dilated and engorged with blood.

The *Secale* patient has a rapid or slow and intermittent pulse, vertigo, dimness of vision, dilated pupils, nausea and diarrhœa; the respiration is difficult, hemoptysis frequent; the temperature is subnormal, the skin dry and cold, with more or less formication over the body, and gangrene frequently results. The heart action has some resemblance to *Digitalis*, but the blood pressure is higher and the nervous symptoms more prominent under *Secale*. The high blood pressure and amelioration from cold differentiates it from Arsenic.

The remedy, as suggested by its symptomatology, has been found useful in neurasthenic disorders attended by high blood pressure and in arterio-sclerosis.

SPIGELIA.

The action of this remedy has not been carefully studied. From its symptomatology it may be inferred that it acts as a stimulant directly on the heart muscle. Its affinity for fibrous tissues elsewhere renders it probable that it also attacks the endocardium and the pericardial membrane. Upon the blood vessels it has little or no action.

The appearance of symptoms is prompt and usually attended by much pain. There is violent palpitation resulting in hypertrophy, as evidenced by the symptom, "unusually violent palpitation of the heart that the prover could hear the pulsation, and the beats could be seen externally through the clothes." Motion aggravates palpitation and brings on dyspnoea. There is a constriction of the chest, with anxiety and difficult breathing. Cutting, tearing beneath left nipple, extending to region of scapula and left arm, worse during deep inspiration.

The remedy is indicated in myocarditis, endocarditis, pericarditis, and all hypertrophies of the heart, especially when of a rheumatic character. As an intercurrent it may be used in angina pectoris.

TABACUM.

This remedy has a dual effect upon all the cardiac tissues involved, a stimulation of short duration, followed by paralysis. It first attacks the cardiac ganglia around which the terminal fibers of the vagus arborize. A brief period of stimulation arrests the heart's action for a few seconds, after which the normal rhythm is regained, and as the ganglia become paralyzed, the heart beats increase in rapidity. The vagus center is also stimulated, but this effect is not so well marked. The stimulating action of the heart is augmented by a direct stimulation of the cardiac muscle, but as depression follows the pulse is reduced in force and frequency. The ganglia of the vaso-motor system are, at first, powerfully stimulated, causing an immense increase in arterial tension; but after a short period of stimulation the arteries relax and the blood pressure falls to the normal level, and often below it, owing to the weakened cardiac action. Experiments with rabbits have shown that nicotine has a tendency to produce calcareous degeneration of the aorta, similar to the atheromatous plates in man.

Sudden collapse, deathly nausea and cold clammy sweat are symptoms of tobacco vividly remembered by most men.

It is indicated in cases of acute cardiac collapse and in arterio-sclerosis in patients not accustomed to the use of tobacco.

VERATRUM VIRIDE.

Acts as a stimulant on the brain, especially on the medulla, inducing paralysis in toxic doses. It stimulates the vagus center, producing a retardation of the heart action and consequent de-

crease of the output. At the same time, the vaso-motor center is also stimulated and, the peripheral vessels contracting, a rise in blood pressure ensues. Later, if toxic doses are employed, the terminations of the vagus are paralyzed and the heart muscle is slightly stimulated, resulting in a quickened heart action, but the blood pressure is lowered from a progressive depression of the vaso-motor center, following its stimulation. The respiratory center undergoes a similar change of stimulation and paralysis, and the temperature is usually lowered, due, probably, to the reduced circulation. If convulsions set in, the temperature rises.

The first stage is manifested by a very slow and feeble pulse, increased respiration and blood pressure, while the second stage is recognized by a rapid pulse, slow respiratory movements and a low blood pressure. There is an intermediate period during which stimulation of some functions persist while depression of others has developed. The dilatation of the arteries gives rise to arterial congestion of the lungs, stomach, liver, brain and spinal cord. This may go on to actual inflammation.

Vomiting of mucus; cough, with mucus expectoration; dilated pupils; coldness and convulsions are some of the leading symptoms of *Veratrum viride*.

In congestions this remedy does not show the restlessness and fever of *Aconite*, nor the active delirium of *Belladonna*.

Veratrum viride is to be considered in the heart affections, usually functional, of pneumonia, gastritis, eclampsia and apoplexy.

SIZE AND REPETITION OF THE DOSE.*

BY R. DEL MAS, PH. D., M. D., HUGO, MINN.

DRUGS are in this world for the purpose of curing, and not for fostering, disease in man. Facts warrant the assertion that the allopath is ignorant of the action of drugs upon man. He calls upon the cat, the dog, the rabbit, the mouse and the frog to tell him what *Glonoin*, or *Digitalis*, or *Strychnine*, or any other drug will do when administered to a sick man. Would he but employ his wits in surveys upon the ground where we physiologically detect the therapeutic limits of one and all drugs, he must learn more, in the line of pharmacology. Why not test on man the drugs to be given to man in sickness?

Claude Bernard discovered that the action of drugs upon the sick does not vary from their action when given to those in health.

Hippocrates stated that what causes dysuria will cure it.

*Written for the Southern Homœopathic Medical Association Meeting, Atlanta, Georgia, November, 1913.

Hahnemann proved that, according to the doses, a drug has two actions: a primary and a secondary. He relied merely upon experiments performed upon man, to convince him of this! Will not some lover of science, some day, challenge this limitation?

The provings of drugs upon man have established the Homœopathic Materia Medica, which is but the panorama, or the graphic reproduction of the ills to which mankind is heir.

Who of us, at the bedside, has not found *Beladonna*, *Lachesis*, *Sulphur* or *Arsenicum* confronting us? Did we not recognize them because we had seen their pictures in the *Materia Medica*?

We can make an *Opium* case by feeding one *Opium*. But how shall *Opium* cure a case that closely resembles the *Opium* of our *Materia Medica*?

This is the *pons asinorum* where dull *Allopathy* always breaks her neck. Yet it is so simple to understand how!

If a patient present the counterpart of *Opium*, and we give him large, or repeated, doses of that drug we shall aggravate his symptoms, but

If we use the attenuated, or potentized, dose, we correct his troubles with *Opium*.

Hence we say: the potentized has the opposite virtues of the crude drug.

The energy of any given disease expends its action upon the sick, and the sick answers to it by reaction.

The reaction of the individual, if greater than the action of the dynamis of the disease, leads him back to health; if weaker, the sick must die, and then the orderly vital force turns the bodily estate over to its conqueror.

If the dynamis in *Mercurius* is capable of developing in man a range of symptoms similar to those presented by the sick, then we say that the dynamis of *Mercurius* and that afflicting the patient are similar in action, and that in the prover and in the sick reaction also is similar.

The potentized, having virtues diametrically opposed to those of the crude drug, it necessarily follows that:

Those of the infinitesimal dose are similar to reaction arising from the life force, and:

Those of the crude are similar to action arising from the disease-energy. Consequently Hahnemann was correct when he asserted:

*"The fitness of a medicine in a given case of disease does not alone depend upon its accurate homœopathic selection, but also upon the requisite and proper size or, rather, minuteness of the dose."**

Furthermore, Homœopathy's way of administering medicines is the only scientific, rational and successful mode of treating the sick, for:

The attenuated similimum operates on reactive lines, parallel with life-force, whereas:

The crude, dissimilar drugs "produce heterogeneous and dissimilar morbid conditions,"*

"Which, according to eternal laws of nature, can neither neutralize, annihilate, nor cure each other."†

One more thing the dissimilar drugs will do: "They add to the old disease a new, dissimilar, artificial one of chronic character, thus doubling the hitherto simple case, which thereby becomes far more severe and intractable, nay, often quite incurable."‡

Hahnemann has palpated all those facts through his power of accurate observation, and his noble figure stands above all in the gallery of celebrities, which commemorates medical history. One by one the paragraphs of his immortal *ORGANON* can be scientifically illustrated.

In the words of the eminent Dr. Francis Cartier, of Paris, France:

"Hahnemann foresaw, a century before others, the modern medical commotion. His faults and imperfections were due less to himself than to the condition of scientific achievement of his time. He could not speak of antigens, antibodies, agglutinins, or amboceptors. Why should the work of a genius whose greatest error was in outstripping his contemporaries be unrecognized?"||

How small shall be the homœopathic dose? Hahnemann states:

"The dose of a homœopathic remedy can scarcely be reduced to such a degree of minuteness as to make it powerless to overcome, and to completely cure, an analogous, natural disease, of recent origin and undisturbed by injudicious treatment. We may, therefore, readily understand why a less minute dose of a suitable homœopathic medicine, an hour after its exhibition, may produce an appreciable homœopathic aggravation of this kind."§

It is, of course, difficult, definitely to state what potency of a drug should be administered, the aim of the prescriber being to select that which will produce improvement from the start. If the prescriber will only remember that he may not be so often tempted to use tinctures or some preparation that affects the sense of taste, to make the patient believe he is receiving something real strong.

Diseases are neither produced nor obliterated on material planes, and homœopaths should remember this when they prescribe, so that the

**Organon*, §521.

†*Organon* §42.

‡*Organon*, §41.

||*Journal Belge d'Homœopathie*, Mar.-Apr., 1913. The *Homœopathician*, July, '13, p. 275.

§*Organon*, §160.

results they produce be not physiological, but dynamical, for:

"Drugs cure through dynamism, and not through their mass."*

Proper also is the injunction of Hahnemann, that:

"In the treatment of disease, only one *simple medicinal substance should be used at a time.*"†

Alternating remedies, and prescribing mixtures composed of several different medicines, are procedures that cannot be defended by any sensible argument, since no patient could ever reproduce several remedial figures at one time.

REPETITION OF DOSE.

Concerning repetition of dose, we shall again draw from Hahnemann:

"A very fine dose of a well selected homœopathic remedy, if uninterrupted in its action, will gradually accomplish all of the curative effect it is capable of producing, in a period varying from forty to one hundred days."‡

It is rather amusing to see how a nervous prescriber will sometimes repeat the same medicine, hoping to obtain quick results, or to make the medicine more similar to the case. The harm would, after all, be less if he would discontinue when:

Improvement begins,

Old symptoms reappear, or:

An aggravation begins.

As Kent puts it:

"More cases are spoiled from repetition than from any other cause."

In acute diseases, if the patient is strong and robust, we will repeat the dose until improvement or reaction sets in. In chronic cases we rely merely on the single dose, and wait for changes to guide us in further interference, remembering always that "perceptible and continued progress of improvement in an acute or chronic disease is a condition which, as long as it lasts, invariably counterindicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery."||

Only when the case comes back to its former stand should the prescribed repeat the dose; and, when one potency has exhausted its power after two or three repetitions, a higher potency (and not a change of remedy) of the same beneficial medicine should be given, that the case be carried through a series to the point of cure. It will often be necessary to start again at the bottom

of the range of potencies of the remedy similar to the case, that the sensitiveness of the patient be securely saved.

There is much to learn in familiarizing oneself with the principles of Homœopathy and becoming a close prescriber. But there is also much to forget, such as the prejudices of man against the advent of new truth in general, and the truth contained between the covers of *THE ORGANON* in particular. He who can forget will learn.

Only those who imitate the methods of Hahnemann can reproduce the good work he performed. His mantle is of such precious virtue that those upon whom it falls participate in his greatness in the accomplishments of Divine Providence through the Law of Similia, bringing, gently, speedily and permanently, cure to the sick.

INSTITUTE INCIDENTS.

BY GEO. B. PECK, M. D., PROVIDENCE, R. I.

UNDER date of February 12, 1914, the present accomplished and talented Secretary of the American Institute of Homœopathy wrote: "There are wrongs to be righted." A proper method of assailing them was well illustrated by Edwin Lefèvre through "Unwritten Interviews" in the Saturday Evening Post of March 7, 1914. In consonance with principles therein exemplified an article appeared in the Institute Journal for May, 1913, under the caption "Rhode Island," subdivision, "General News Notes." A second, most intimately related historically and logically, was to follow in the June number, but after it was in type, because of conditions no longer existent, its publication was deferred until after the Denver meeting. Later, Dr. Horner suggested its suppression. Pending final decision a change in the secretaryship was effected and the galley proof, with pertaining correspondence, was transmitted to his successor. In due season she advised the writer she "should like the concluding paragraph of this (enclosed) galley proof, with about as much more, amplifying the purpose of the Institute . . . for an editorial in the Journal." Assurance was promptly given her wishes would be complied with provided no publisher could be found for the paper as it stands. The first editor to whom it was tendered accepted it, although but the briefest possible outline of the train of thought had been sent him. The following matter has been set up from the aforesaid galley proof, but a correct understanding of a certain sentence therein requires the preliminary statement that since the second Denver meeting Charles E. Fisher, to allay the perturbations of certain of his compeers, has courteously resigned his membership in the Institute.

It will readily be believed that after so bitter a contest over the presidency as Denver witnessed

*Prof. Albert Robin.

†Organon, §272.

‡Organon, §246.

||Organon, §245.

in 1894, death-like silence prevailed when the question of next place for meeting became the order of the day. The Old Guard, composed chiefly of the leaders of the effete East, had been defeated and none would open a door to the victor. At length Dr. Alonzo Boothby arose and suggested Boston; the profession had invited the Institute there the year before and undoubtedly were as ready to entertain it now as then. Dr. I. T. Talbot immediately arose and, addressing the chair, said: "I would like to inquire whom the gentleman represents." With a sickly smile the former was obliged to confess he represented no one. Again silence reigned. My duty now was plain. I arose and informed the president that some four years before the Rhode Island Homœopathic Society had extended a formal invitation to the Institute to meet at Newport, but no notice had been taken thereof. At the same time I believed my colleagues entertained no feeling concerning the matter, that they were as ready to welcome it now as then and that the proprietor of the Ocean House could equally well provide entertainment. A committee was at once appointed to confer with Mr. Leland, the proprietor, by telegraph and instructed to report next day. Favorable word being received, recommendation was made that the next meeting be held at Newport and it was so voted. The members of the Institute residing in Rhode Island were constituted of the local Committee of Arrangements. The Westerners were delighted. Many had never seen the Atlantic, few had visited *the national* watering place. I was assured they would turn out a thousand strong and I must be prepared to receive them. When the time came the committee *knew* where it could lodge one thousand people. But, alas, "there is many a slip 'twixt the cup and the lip!" So bitterly was the personality of the new president assailed by most of our journals that for six months, as himself has stated, he seriously contemplated throwing up the position and washing his hands of the whole matter. That possibly might have terminated his labors for Homœopathy. Fortunately his better judgment prevailed and we still enjoy his service in his own peculiar line. His tribute to Dr. Orme just come to hand I have not seen surpassed. One result of the attacks was that less than a third of a thousand participated in the sail on Narragansett Bay, although the largest boat its waters could boast was at their disposal.

On reaching home I found I had anticipated the telegraph. No information of the Institute's action had been received. I conferred at once with Dr. John C. Budlong, the recognized politico-social head of our school in the State, and by his authority called a meeting of the local committee at his office. At the appointed gathering Dr. Sayer Hasbrouck at once nominated him

for chairman, coupling his motion with the remark that they must have some one to see that Peck didn't spend too much money. The sally was greeted with audible smiles as the motion unanimously prevailed and then the writer was made secretary. A plan of arrangements was presented, amendments offered, all alike discussed, and finally the entire matter was postponed for some two weeks. It was informally decided, however, that as the Institute had taken action of its own volition after ignoring the invitation of the State society, no one outside the membership of the national society should be asked to contribute toward its entertainment. At the second meeting the tentative plan was adopted, and so perfect was its details that but one other meeting was required, and that was to audit the secretary's accounts and to vote the payment of the balance on hand to the treasurer of the Hahnemann Monument Association. Nor was but a single conference held by any of its members and that was of the only four available at the time to decide upon a measure none cared solely to assume the responsibility for.

The "entertainment" provided by the Rhode Island committee in 1895 consisted in the provision of a place for meeting, with chaplain, choir and other needful accessories; a concert by Reeves' American Band, one of the half dozen or less then enjoying a national reputation, and a sail upon Narragansett Bay. Could the bitter onslaught and its unfortunate, but inevitable, result have been anticipated a smaller yet sufficiently commodious boat would have been secured (the contract had to be made a year in advance), and the clam-bake then would have been complimentary also, but the dozen or fifteen men who footed the bills felt they could not meet a possible additional charge of \$750 for one thousand dinners. Those who did partake of that clam-bake may consider 33 per cent. of the cost of their tickets as so much additional contribution to the Monument Fund.

It fell to my lot to obtain a suitable place in which to hold the Institute sessions, for the parlors of the Ocean House were barely sufficiently numerous and capacious to accommodate the ladies. Naturally I turned first to the Casino, where the American Medical Association had met some two or three years earlier. To my great surprise there was but a single apartment that could by courtesy be termed a hall; the others were merely large committee rooms. The custodian was astonished when I informed him there were absolutely no accommodations for our sectional meetings. He could not see why they were not ample; never more than twenty or twenty-five persons attended those meetings of that august body. I drew my own conclusions from the facts thus presented; interesting they were, especially when taken in connection with

the vast hordes that attend (?) upon its assemblages!

At this point a reminiscence of another Institute session is in order. One day at Lake Minnetonka (1889) Dr. Talbot accosted me on the veranda with "Peck, would your doctors like to have the next World's Congress at Newport?" I admit I was taken completely by surprise, but I answered promptly and decisively, "No, sir." Evidently surprised in turn, he continued, "Would they not consider it?" "No, sir." "Why not?" "We have no place sufficiently large to entertain it," hurling back the reply he made to me a few years before when I had suggested the desirability of again having a meeting in New England. He stood searchingly scanning my countenance, so I continued, "Besides we haven't money enough to foot the bills." "We don't ask you to foot the bills!" "Then certainly we don't want it; we don't ask *other* folks to pay *our* bills." He gave one piercing, indescribable look and turned away. Its complexity haunts me to this day. He knew I was ready to work my fingers' ends off for the Institute, and the nature, sharpness and decision of my replies unquestionably took him aback. Immediately upon my return I reported the conversation to Dr. Budlong and asked him what interpretation he put upon it. "He was bluffing you," was his immediate reply. "Just my opinion, and I thought I would let him see that I could play that game as long as he could." Still I was not altogether satisfied, so I called on Dr. Robert Hall and repeated my story. He said he was not sufficiently acquainted with Dr. Talbot to express an opinion. "Is it open to an interpretation of bluff?" I asked. "Yes," he replied, "that meaning can certainly be attached to it." And yet I felt uneasy, restless, uncomfortable. When the journals for February, 1890, announced that the North Jersey Society had invited the Congress to meet at Atlantic City I smiled. Imagine if you can my deep chagrin on finding upon my arrival at Waukesha the ensuing June that everything had been "cut and dried" for that quinquennial gathering in that "foreign country." The only consolation I could find in the premises was the thought that really it was too bad that a man of Dr. Talbot's position and talents should have such a reputation that when he addressed another on a matter of business in the least out of ordinary that his motives should at once fall under suspicion. The only *comfort* I have since received was from the remark of a prominent Massachusetts physician, to whom I narrated the incident long years after: "It's a lucky thing for you, you answered as you did. You would have had all the work to do and he would have taken all the glory." I opine, however, that if I had answered that eminent gentleman differently and events taken a corresponding course he would have found that while he could enter-

tain whomsoever he pleased whensoever he listed *within the borders of his own State*, Drs. Budlong, Hasbrouck and Hall would have seen that he kept his fingers out of the Rhode Island pie!

I flatter myself I have a friend or two on Commonwealth Avenue, Boston; also a friend or two in "South County," R. I., not many miles distant from Narragansett Pier, clergymen with a \$400 salary and a cottage parsonage thrown in. Now the society of these two sets of gentlemen is equally agreeable and equally instructive, though, of course, in very diverse ways—ways, however, not more diverse than their tables, which are *equally satisfactory*. Should I chance to find that the menus had been reversed when I sat down, heralded or unheralded, to either, they would be *equally unsatisfactory*. Concerning the former I should consider myself warranted in drawing such conclusions as any other observed indication might suggest: the latter would immediately bring to mind the tale of the frog and the ox with the knowledge the end is identical.

In line one, paragraph three, page 1115, June number, 1911, of the Journal of the A. I. H., is to be found a statement that amused me as I read, for synchronously I observed a haughty Southerner ready to shed his last drop of blood in defense of State rights and State honor, and a free-hearted Westerner, boastful of his State's achievements and State promise, penning it??? Moreover I anticipated subsequent delightful reading. This, in due time, I found in the March, 1913, number of that journal, page 1012, lines five and six of paragraph four. Again I smiled as I queried whether or not my professional brothers and sisters really felicitate themselves upon the fact that under the leadership of their acknowledged boss they played a game on Massachusetts closely allied to, if not identical with, that the Massachusetts boss attempted on Rhode Island. There is abundant reason for disbelief. (I have since wondered if our Fellows realize the obligation they have incurred toward their Massachusetts brethren. In view of their numerical increase between 1895 and 1911 a proper jealousy for their reputation impels the statement of my belief that if they had not been possessed of a boss outside aid for the entertainment of the Institute would never have been thought of.)

In conclusion, it may safely be affirmed of those who carry on the Institute work and, as well, of those who are wont to afford the encouragement of their presence, that while they will not refuse the mince pie and plum pudding of the larger and wealthier communities they will not disdain the fried hog and hominy of the more segregated and therefore less moneyed localities. Institute "entertainments" really consist in the opportunity for greeting old friends and welcoming new, of listening to words of wisdom from those who have had longer experi-

ence or greater opportunities than ourselves, or have delved in other fields, and of comparing notes with our equals. Therefore let our trustees consider in the selection of meeting places solely the highest interests of the Institute as a scientific body with missionary responsibilities, our members proximate thereunto render only such courtesies as their numbers warrant ("the spirit indeed is willing"), leaving "frills" to hotel proprietors and railroad companies.

THE ACTION OF THE HOMŒOPATHIC REMEDY.

BY G. W. COFFMAN, M. D., ST. LOUIS, MO.

SEVERAL years ago I wrote a paper on this subject, which was published in the *Medical Arena*. Before the preparation of the paper I wrote a number of the most prominent teachers and writers of the homœopathic branch of the medical profession and requested them to give me their explanation of the action of the homœopathic remedy.

A number of these referred me to Hahnemann's explanation in the *Organon*, others replied that they did not know how it acts, that it is sufficient to know that it does act.

It never has seemed to me that either of these were satisfactory answers. In the first place, I do not believe that Hahnemann's explanation is the correct one in spite of my profound respect for the wisdom of our illustrious founder.

I think that the idea that it does not matter how it acts is an erroneous conclusion, and is one of the vital reasons why Homœopathy has not taken rank as the dominant system of medical practice. A rational explanation would appeal to the scientific world and gain for us sooner or later the endorsement of the highest authorities of all schools of medicine. So long as we cling so tenaciously to the many vagaries that have from time to time been introduced into our literature, we will be held unworthy of the confidence of the public as a scientific school of medicine.

As to Hahnemann's explanation in the *Organon*, he never did state positively that he believed it to be the correct one, but gave it, as, in his opinion, the most plausible statement of facts in relation to it. This explanation as taken from the *Organon* is as follows:

"A medicine possessing the power and inclination to produce similar symptoms or an artificial disease most similar to the natural disease to be cured, exerts its dynamic influence upon the morbidly disturbed vital force, and, if it is administered in a well proportioned dose, it will affect those parts of the organism where the natural disease is located, and will excite in them an artificial disease; this, by virtue of its great similitude and increased intensity, will now occupy the place hitherto held by the natural

morbid process. Thereupon the instinctive and automatic vital power is liberated from the natural disease and is occupied alone with the stronger and similar drug disease. But owing to the minuteness of the dose, this drug affection is sufficiently tractable to allow itself to be overcome by the increased energy of the vital force, and will, therefore, soon vanish, leaving the body free from disease and permanently healthy."—*Section 148, fifth edition, Organon.*

This section has been accepted by nearly all writers on this subject, *ex cathedra*, as the true explanation of the action of the homœopathic remedy, since the first publication of the *Organon*. I suppose it is considered sacrilegious to criticise any of the doctrines of our homœopathic bible, the *Organon*, but a little study of this section will convince any reasonable person that the explanation of the action of the remedy therein contained is absolutely untenable. I shall endeavor to show that this is so by the following statement of facts:

In any diseased state of the body we have two forces in operation. First, the disease force which always tends to create a departure from the normal healthy state. Second, the vital force which always tends to maintain a healthy normal state. These two forces are always opposing agencies in all diseased conditions. Now, if the vital force by virtue of its resisting power is able to overcome the disease force, the body will be restored to health without the aid of any treatment at all. But if the disease force be stronger than the resisting power of the vital force, there will necessarily result a departure from normal health and a possible termination of the life of the patient.

Now, in order to avert the latter undesirable result and restore the patient to normal health, it is proposed, in the section above quoted, to excite in the diseased organism an artificial drug disease which will be similar to the natural disease but of greater intensity, and that the vital force will thereupon be aroused to increased energy and will overcome the more intense force of the drug disease, and allow the body to be continued free from disease and permanently healthy.

Is it not irrational to suppose that a force operating in a definite direction will be annihilated by another similar, but more intense force, operating in the same direction at the same time and place? According to a well known law of physics, would not the second force greatly augment the action of the first force and result in a very much more increased energy?

Therefore, if a drug disease similar to but more intense than the natural disease be excited in the diseased organism, would it not tend to greatly aggravate the natural disease? This conclusion cannot be avoided if the above proposi-

tions are true, hence the explanation of Hahnemann must be false.

If this be so, what then is the true explanation of the action of the remedy?

I think the answer to this question might be stated as follows: The homœopathic remedy when properly selected and given in the proper dose for the cure of any diseased condition, exhibits a drug force which is the opposite of the disease force in nearly every phase of its action and consequently neutralizes or eliminates the disease from the body and therein effects a cure. It is to be observed that the drug force must be stronger or more intense than the disease force to be able to accomplish this result. This action would be in accordance with the law "*Contraria Contrariis Curantur*" as promulgated by Hippocrates and by many modern authorities, but in a modified form from that in which it is used by the allopathic profession.

I believe that "*Similia Similibus Curantur*" is used in the selection of the homœopathic remedy, but "*contraria contrarius curantur*" is used in the action of the drug in making the homœopathic cure.

Why do I believe this? In order to explain why I believe it I will here state two propositions that have the endorsement of Hahnemann as well as some of the highest authorities of both schools of medicine. First, most drugs and probably all drugs have a primary action which is excited by full doses of the drug on the organism, and a secondary action which is excited by small doses of the drug.

Second. The secondary action of the drug is exactly opposite to the primary or vice versa. It would make this paper too lengthy to quote the authorities for the confirmation of the truth of these propositions, so I will omit them here.

Now to apply these principles in the treatment of disease homœopathically. We select the remedy whose primary symptoms are similar to the symptoms of the disease to be cured and then give the remedy in small enough dose to produce its secondary action. This action according to the propositions stated above will be exactly opposite to the disease force (since the secondary action is opposite to the primary—this being similar to the disease action), and hence will tend to neutralize the disease force or eliminate it from the system.

Hahnemann further distinctly states in the *Organon* that the primary or positive symptoms of drugs are those on which we are to base our prescriptions.

In the light of the two propositions mentioned above it is easy to perceive why we would get an aggravation of the disease if we were to give the remedy in too large a dose, because if we did so, we would excite the primary action of the remedy which would be similar to the dis-

ease it was intended to cure, and, of necessity, aggravate it.

If Hahnemann's explanation were true, we would be forced to give the remedy in sufficient dose to get the primary action, in order to excite, in the system, a drug disease similar to the natural disease, and we would always get an aggravation. He discovered later in his practice that it was necessary to decrease the dose in order to get the curative effect without first getting the aggravation, but it seems never discovered that it was the secondary effect or action which is always directly antagonistic to the disease force, which effects the cure.

It should be noted in this connection that the secondary action of the remedy, in effecting a cure by means of the law "*contraria contrarius curantur*," acts very differently from the remedy when given in a dose large enough to get its primary action to combat some one or two prominent symptoms of the disease, as in the action of Opium to relieve pain and sleeplessness. The secondary action of the homœopathically selected remedy is, as near as possible, a complete opposite of the action of the disease it is intended to cure, hence nearly every phase of the disease will be opposed by a corresponding phase of the secondary action of the remedy, and no organs except diseased organs will be affected by the action of the remedy. Hence it will not disturb any healthy organs, such as depressing the digestive and eliminative organs, but will expend its whole energy in neutralizing the disease in the organs affected. It will further be observed that the secondary action of the remedy is always working in harmony with and assists the vital force in its efforts to resist the disease force. Since the vital force always expends its energy in direct opposition to the action of the disease, it is only necessary to give medicine when the vital force is not able to make a successful resistance. Then it is only necessary to "assist nature" to effect the cure by using the secondary action of the homœopathically selected remedy. This latter fact, in connection with the fact, that the homœopathic remedy does not affect any but the diseased organs, easily explains why the potentized remedy, even in the higher dilutions, are effective to make a cure.

It might be objected that there are certain primary symptoms which have no opposite condition, such as pain, cutaneous eruption, inflammation, etc., but as Hahnemann suggests, in this case, the secondary action exerts itself in an effort to relieve these conditions when present.

If this explanation be the true explanation of the action of the homœopathic remedy, it is evident that the primary symptoms only should be used in the selection of the remedy, and it would call for provings that were made with appreciable doses of the drug.

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LET US PURGE OUR SOCIETIES.

THREE score and ten years ago our homœopathic fathers established upon this continent a new National Medical Society, and named it the American Institute of Homœopathy.

It is to-day the oldest National Medical Society in America. Some years later was established the American Medical Association.

The reasons for establishing the American Institute of Homœopathy were the following, which were adopted April 10, 1844: Whereas, a majority of the allopathic physicians continue to deride and oppose the contributions to the materia medica that have been made by the homœopathic school, etc., therefore, we establish this Institute.

One of the resolutions passed and one that for many years was a part of its constitution, was that to be eligible to membership in the Institute a candidate must sustain before the Censors an examination in the theory and practice of Homœopathy. In other words, he must be qualified in Homœopathy.

The American Institute has always been considered as the great liberal medical society. Liberality has always been its distinguishing feature. No physician of any other school of medicine has ever been excluded from its membership; provided, said physician was ethical, educated and interested in Homœopathy. No restrictions have been erected to bar anyone from membership, no physician has ever been required to renounce a single one of his principles or to change a single method of his practice. The homœopathic school, we repeat, has shown its liberality through its national organization.

Homœopathy has been known for nearly 125 years. That it has been a benefit to mankind is acknowledged by the leading lights of the allopathic school. That it possesses merit, and that it is successful in practice is acknowledged, though sometimes begrudgingly, by every educated allopathic physician.

Is it not, therefore, a remarkable condition that during the 70 years that the Institute has existed *not a single allopathic physician has ever joined this association as a member and continued to retain his affiliation with his allopathic organizations?*

In the early days of our school many of our best men were allopathic graduates, but not one of them continued affiliation with any allopathic organization upon entering the American Institute of Homœopathy, or any other homœopathic organization. They knew well that they could not serve two masters.

For years the American Medical Association would not admit to its membership a homœopathic physician, and it summarily expelled those who were even suspected of using homœopathic remedies. It did not want any in its ranks who could be suspected of treacherous design. It knew well that a man could not be a loyal member and practice homœopathic medicine. Under this plan it grew to be a strong association, and then it began to seek to undermine its rivals by inducing them to become members. This is its present attitude. The ink is not dry on the diplomas of our annual crop of graduates before an emissary of the American Medical Association seeks them out, and with specious arguments induces them to unite with the American Medical Association, and to renounce the homœopathic school by signing an agreement not to practice sectarian medicine. "But I am a Homœopath," the candidate says, "I have just been graduated from a homœopathic college, and I am about to join the American Institute of Homœopathy." "Oh, that does not matter," the emissary replies, "come in with us; your best men disclaim sectarianism, and you can easily sign this application and be a physician, not a sectarian," and so the young man is occasionally won over.

The above is no idle statement. It is a true reproduction of what actually happened at the Institute meeting in Jamestown to a graduate of a homœopathic college whose diploma was

not one month old, except the fact that the young man before signing away his honor consulted some of his friends and teachers who dissuaded him therefrom.

One word as to sectarianism. There is no such thing as non-sectarianism in medicine. It is as idle to say that we are not sectarians as to say we are not United States citizens. It is just what is wanted by our American Medical Association enemies, that we disavow sectarianism, nothing pleases them so much as this. It makes the way clear to their scooping us up in their societies. Why, they say, even the officers of your societies disclaim sectarianism, so what is the use of their continuing any longer. We are certainly sectarians in medicine and so are the allopaths, who are the highest examples of true sectarianism. This is shown in the fact that for 125 years they have not examined into Homœopathy; that for 70 years not a single one of them has joined the American Institute of Homœopathy, although its doors were opened to them; that for fifty years the public health service of the United States, while issuing annually health and medical bulletins, has not issued a single one showing that Homœopathy has a single merit worthy of notice, and that to-day it seeks by paid emissaries to influence legislation against the establishment of homœopathic teaching institutions and the presence of membership on State boards.

Only recently we saw this note in a letter from a prominent physician in a fair sized city: "No physician can be on the board of health of this city unless he be a member of the county medical society (allopathic)."

Is not this a high grade of sectarianism? William Tod Helmuth, of blessed memory, wrote as follows:

"I am a sectarian in Religion; by creed a Protestant, and yet I hope a Christian.

"I am a sectarian in Politics; by creed a Republican, and yet I hope an American citizen.

"I am a sectarian in Medicine; by creed a Homœopath, and yet I hope a Physician."

Again he says that sectarianism is the off-spring of originality and the guardian of progress, and shows conclusively that the disowning of a brother because he is a sectarian is a beautiful illustration of *fanaticism*.

We have seen during the past few years that our numbers are diminishing, that our institu-

tions are going to the wall, that our societies are becoming weaker, that our journals are becoming fewer and poorer, that our hospitals are closing their doors or being turned over to the dominant school, and where can we find reasons for this state of affairs that are valid if we go outside of the one great cause, namely, the inroads of the great medical trust?

Who is responsible for this state of affairs? We believe it is due to the class of men that we would get rid of if the Stout resolution was to be passed in every State society and in our national body, namely, the half-baked supporters of Homœopathy, the real traitors to the cause. Who is responsible for the loss of our Denver college? Who lost to us the hospitals, dispensaries and college of St. Louis? Who lost Grace Hospital, of Detroit, to the homœopathic school, a hospital endowed and equipped by homœopathic patrons? Who lost our University Department in Minnesota?

There is only one answer to these questions, and that is the traitors to the homœopathic cause, the men who, as in the case of Grace Hospital, of Detroit, say, Homœopathy is practically dead here, the school is making no progress, and no one hears about it any more. In Detroit there are three or four of these, and they have left the school and are now teachers in the Detroit College of Medicine. Have they given up their homœopathic affiliations? Oh, no. They are still holding on for the sake of the revenue they might derive therefrom. In Cleveland last December we met a man formerly known as a Homœopath, who told us with evident glee that the allopaths had succeeded in getting us out of the city and county hospital. He has done his share to help things along probably however not losing anything himself. Of course, there are other reasons for this state of affairs, but we venture to assert that had good, true homœopathic adherents been at the helm in all these instances there would have been no loss of our institutions.

Yet we are told that the Stout resolution savors of prejudice and bigotry, that it would drive the better men of our school out of it, and all such tommyrot.

At Denver one was heard to say that if the Institute passed this resolution he knew what he would do, which signifies that he would go over to the allopathic school. If this is one of the best men we would lose, let us pass the resolution at once.

At Chicago one was heard to say that he would have no further use for the Institute did it pass the resolution. This particular person never *did* have any use for the Institute or for Homœopathy. He is another one of our "best" men that we would lose. In Heaven's name, let us lose all such!

No real good man of the homœopathic school will be lost to us if we pass the Stout resolution, and in our belief it will bring to the Institute many hundreds of the 11,000 homœopathic physicians of the country who are not now members.

We have seen on our State boards of medical examiners some 12 members of allopathic organizations who are "representing" the homœopathic school, that we are so represented in 11 States of the Union. The Stout resolution might lose these men. We hope so.

In our colleges are members of the American Medical Association teaching our students, and there are those who publish their findings in allopathic periodicals and ignore our own. The Stout resolution might lose these men. We sincerely hope so.

We are told that men join the allopathic societies for comradeship and a desire to progress. Is it necessary to forswear allegiance for comradeship or to progress? We have in mind a loyal Homœopath in a large town who was importuned to join the local society branch of the American Medical Association, and he replied: "I am a homœopathic physician, proud of it; I would like to come to your meetings, I would like to hear your papers and discuss them, but I cannot forswear my homœopathic affiliations or allegiance. I am willing to contribute financially for this privilege, but I will not affiliate myself to principles in which I do not believe. You may take me or leave me on this proposition." They took him, and he is much more respected by every other member than if he had renounced his allegiance to Homœopathy. No one likes a trimmer.

There have been some very humorous episodes along the line of this American Medical Association affiliation; one we instanced in the last number of the MEDICAL CENTURY, where a "member" of the American Medical Association, or one of its branches, was unceremoniously kicked out because it was discovered that he belonged to the American Institute. The humor lies in the squirming of the "member."

Another instance occurred in Nebraska where charges were brought against another "member" for practicing Homœopathy, and expulsion resulted, this not over a year or so ago.

Another instance is the courteous letter of the American Medical Association Directory Department to President Wilcox, recently reproduced in the *New England Medical Gazette*. The humor of this lies not so much in President Wilcox's reply, as it does in what might be expressed in the word "Stung."

Another instance is the liberality of the same American Medical Association in the matter of articles appertaining to homœopathic subjects. Instance the scholarly article submitted by the late Dr. Francis H. Orme, of Atlanta, Ga., to the *Journal of the American Medical Association*, and the insulting letter written in declining the same by Dr. G. H. Simmons, the editor. Simply another case of "Stung." Here sectarianism was the excuse.

Also note in the March *New England Gazette* "A Criticism and Reply to Two Recent Attacks Upon Homœopathy," which was refused publication by the *Journal of the American Medical Association*, though one of the attacks appeared in that organ, and the other in the *Medical Times*, which also refused to publish the above. Yet again "Stung."

We should pass the Stout resolution because:

First. It will strengthen our cause and we will then know where we stand. It will not lose a single good man to us, and the loss of the spineless will be overcome by accessions from the ranks of those who are not now with us because of our wishy-washy liberal policy which is anything but liberal.

Second. It will get rid of those who think they can carry water on both shoulders, the trimmers of the profession, those who have and will sell out our institutions at the drop of the hat.

Third. It will put it in a position to demand that our colleges and state examining boards be purged of representatives of the allopathic school who cannot but be in their teaching and legislation disloyal to the tenets of our school.

Fourth. If we cannot stand upon our own ground without the assistance of the other school of medicine, or if it is so thought by some, let us know where we stand and then, if after taking account of stock we face failure, let us go into honorable bankruptcy.

Fifth. The same reasons prevail to-day after 70 years for the existence of the American Institute of Homœopathy. Cannot we truthfully say as follows: Whereas, a majority of the allopathic physicians continue to deride and oppose the contributions to the *materia medica* that have been made by the homœopathic school. This was the way it was said in 1844, and we can see no difference to-day. Let us, therefore, strengthen this organization by bringing into it some of the "best men" of the school who are now kept out because of its desire to trim and be in the swim.

THE SAME OLD STORY.

THE homœopathic profession is once more verging on the borderland of asininity by giving apparently serious consideration to the problem whether surgeons affiliated with the new school shall identify themselves with the "American College of Surgeons."

Already a few of our bolder birds have "flew the coop," and are perched on the under roosts waiting expectantly for such favors as may be passed down to them by the higher-ups. This spectacle of surgeons, who claim belief in, and fidelity to the principles of Homœopathy, offering to take nether seats in the councils of the mighty is the quintessence of foolhardy behavior.

It should be remembered, incidentally, that there is no such institution as homœopathic surgery, *per se*, but rather that there are surgeons who believe in the principles of Homœopathy and who practice them in conjunction with surgery when therapeutic measures are indicated. One may as well speak of Methodist surgery or Democratic surgery on the grounds that some surgeons are religiously identified with the one or, politically, with the other of these non-surgical organizations.

It is a certainty that the so-called "American College of Surgeons" is of, by and for the allopathic crowd, and when its promoters invite surgeons of the homœopathic school to solicit election to its ranks it is quite as certain that they have but one motive; a motive so old and so diligently applied that to repeat it here would be to call in question the intelligence of every alert practitioner of the homœopathic school.

The sanctimonious claim of this aggregation that there shall be "*no more* splitting of fees" is

about as interesting and profitable as to hear a reformed gambler proclaim the redeeming elements of the Gospel. It is generally conceded that the sooner the gambler reforms and shuts up about it the better, and surely his reformation has never been considered an acceptable basis for the establishment of a national organization.

It is altogether to be expected that at the meeting of the American Institute of Homœopathy at Atlantic City in June some pussy-footed emissary of the American Medical Association will offer a resolution to the effect that the American Institute endorse, approve, sanction, etc., etc., the "American College of Surgeons." Then in all probability, and in due form, this resolution will be referred to the same committee that choked the Stout resolution into temporary unconsciousness at Denver last summer, and it is remotely possible that its passage will be recommended. This sagacious procedure will then be followed by a serious discussion that would indicate that the Institute had never before been sorely "stung" by that same alien coterie of medico-political manipulators, and the result will be that "the ayes have it," just as they have "had it" before.

The surgeon of the homœopathic school will do well to keep in mind that his decision to identify himself with the so-called College of Surgeons indicates his willingness to have any other surgeon of that organization stand on equal footing with him in the estimation of the rank and file of the homœopathic profession, and should no distinction or preference be shown in the future his fickleness will prevent him from consistently offering any complaint or criticism. In other words, if membership in the College of Surgeons is to be the mark of proficiency in surgery, then the logical selection of an operator by the general practitioner of whatever school would be from the number that roost on the higher perches in that organization.

The homœopathic surgeon who is ambitious to join this modern barnyard chorus will no doubt attempt to defend his conventional treason with the plea that there is no reason why a homœopathic surgeon cannot affiliate with the College of Surgeons while retaining his identity with the homœopathic school. This argument is on a par with the contention of other apologists in the new school who contend that a Homœopath can

comfortably and consistently, belong simultaneously to the American Institute of Homœopathy and the American Medical Association. And let us remember in passing, that it is this same contingent in the homœopathic school that is responsible for our silly pretence of representation on composite medical examining boards, and also they may be held accountable for the damnation of our colleges by antagonistic inspectors whose envy precludes any semblance of honest report.

There is now a surgical society operating in conjunction with the American Institute of Homœopathy. Wisdom and continued fidelity would be conserved in an action by that society looking to the elevation of the surgical standard in our school, for while it is an indisputable fact that our surgeons measure up in education and operative efficiency with the surgeons of any other school, yet we, as they, have some claimants to that distinction who somehow evaded the search for capable helpers carried on by Armour, Swift et al.

It is not so much a question as to what surgeons of the homœopathic school will do with the American College of Surgeons, as what the homœopathic profession will do with these trucklers who so ardently crave the favoritism of the American Medical Association contingent.

It is suggested that when a general practitioner of the homœopathic school has need of special surgical aid that he determine only whether the surgeon he would consult is a "fellow" of the College of Surgeons, and if so, make sure that he was one of the favored first two thousand, then no further inquiry need be made.

This is not an intimation of boycott but simply an acceptance of the new standard of proficiency approved and adopted by some of the erstwhile "homœopathic surgeons."

L. P. C.

NEWS ITEMS.

CONNECTICUT.

The transactions of the Connecticut Homœopathic Society for 1913 have just appeared. They consist of a small volume containing many interesting papers presented before the Society at its last state meeting, together with its business minutes. Among the most useful papers contained therein are one on the "Propagandism of Homœopathy," by Dr. J. B. Garrison, of New York City; one on the "Study of Reflexes in Diagnosis," by Dr. Edward S. Smith, Bridgeport, Conn.,

and one on the "Border Line Case," by Dr. H. O. Spaulding, of the Westborough State Hospital of Mass.

The next annual meeting is to be held May 19th in Hartford.

MICHIGAN.

The Homœopathic Medical Society of Western Michigan at its March meeting was presented with two excellent papers, one by Dr. A. O. Allen, of Remus, Mich., and the other, entitled "Homœopathy vs. Surgery," by Dr. A. B. Smith, of Grand Rapids.

Owing to the resignation of Dr. Dean T. Smith from the chair of surgery of the Homœopathic Department of the University of Michigan, made necessary by the doctor's health, the chair of surgery will hereafter be presided over by Dr. C. A. Burrett, of Ann Arbor, and Dr. Hugh M. Beebe, of Sidney, Ohio, who become Dr. Smith's successors.

The rapid growth of the Surgery Department of the Homœopathic College of the University has made it necessary that there be two occupants of the surgery field. The subject will be suitably divided and assigned to each.

MISSOURI.

The *Monthly Bulletin* of the Missouri Institute of Homœopathy continues to reach our table, and continues to be of great interest. Some of the items quoted from the *MEDICAL CENTURY* of years ago are certainly interesting, but the editor is somewhat mixed in his dates, as we think he would have difficulty in finding the excerpts taken in the *MEDICAL CENTURY* of 1889. A strong plea is made in the letter from Secretary Young. This is Dr. H. E. Young, of Kansas City, not the renegade of St. Louis. We believe that the Missouri Institute should in its coming session promptly pass the Stout resolution, and then it would have no more trouble with its disloyal members.

NEW YORK.

The New York Medical College for Women has received a bequest of \$3,000 by the will of the late Mrs. E. N. Andreas.

OHIO.

The Cleveland Homœopathic Medical Society met in that city on the evening of March 11th. The meeting was devoted to a memorial in honor of the late Dr. G. J. Jones, and a discussion of the Medical Education and the Attitude of the State Toward the Profession, by Drs. L. E. Siemon and C. L. Moore.

The Toledo Homœopathic Club held its regular meeting on March 24th with an excellent paper by Dr. W. A. Humphrey, entitled "Serums and Vaccines in Medicine."

OREGON.

Plans are being made to raise money to complete the unfinished Portland Homœopathic Hospital. The ground given in South Portland for this purpose was sold

recently for \$90,000, and another location selected and the building commenced. There is hope that this building will be speedily finished

PENNSYLVANIA.

Dr. Millie J. Chapman, well known to the homœopathic profession and formerly of Pittsburgh, now of Springborough, Pa., sends kind words of greeting to the MEDICAL CENTURY.

WASHINGTON.

Dr. J. G. Sargent, of Centralia, writes that his city has just had a bad epidemic of typhoid fever, and in 300 cases there were 22 deaths. The doctor had his share of the cases, and reports that his success was 100 per cent. better than any other physician of the town. He adds also, "I am glad that I am a homœopath."

OBITUARY.

Dr. Lewis A. Snell.

Charlotte, Mich., died at Los Angeles, Cal., Jan. 21, aged 72. Chicago Homœopathic Medical College, 1886.

Dr. Albert H. Tompkins.

Jamaica Plain, Mass., Feb. 14, aged 70 years. Boston University School of Medicine, 1875.

Dr. Herbert F. Heilner.

Scranton, Pa., Feb. 19, aged 50 years. Hahnemann Medical College and Hospital of Philadelphia, 1887.

Dr. W. Storm White.

Director of pathological laboratory at Metropolitan Hospital, Blackwell's Island, New York, died Feb. 26, aged 56 years. New York Homœopathic Medical College and Hospital, 1878.

Dr. John A. Miller.

Hopewell, N. Y., March 8, aged 72 years.

Dr. T. A. Whitefield.

New Providence, Tenn., Feb. 28. Cleveland-Pulte Homœopathic College, 1890.

Dr. W. R. Gieser

Philadelphia, Pa., Feb. 26, aged 55 years. Hahnemann Medical College and Hospital of Philadelphia.

Dr. Paul Rose.

Detroit, Feb. 20, aged 46. Hahnemann Medical College of Chicago, 1893.

Dr. Belle S. Howard.

Peoria, Ill., died in California February 7. Homœopathic Medical College of Missouri, 1883.

Dr. Geo. W. Cook.

Holt, Mich., Feb. 10, aged 48. Chicago Homœopathic Medical College, 1891.

Dr. Alvah H. Dorris.

Lincoln, Neb., Feb. 23, aged 76. Hahnemann Medical College of Chicago, 1875.

Dr. James F. Beck.

Minneapolis, Minn., Feb. 21, aged 41. University of Minnesota, College of Homœopathic Medicine, 1896.

Dr. Silas W. Hadden.

Marine City, Mich., Feb. 11, aged 79. A homœopathic licentiate.

Dr. Susan F. Rose.

Meadville, Pa., Feb. 13. Homœopathic Hospital College, Cleveland, 1875.

Dr. Niles M. Miller.

Avon, N. J., Jan. 6, æt. 69. Hahnemann Medical College of Philadelphia, 1882.

Dr. Stanley Vincent.

Catskill, N. Y., Feb. 24, æt. 57. New York Homœopathic Medical College, 1879.

Dr. Mary Q. Matthews.

Chicago, February 25. Hering Medical College of Chicago, 1905.

Dr. Samuel H. Sparhawk

St. Johnsbury, Vt., March 3, æt. 73. Homœopathic Hospital and College, Cleveland, 1865.

Dr. Theodore D. Williams

Geneva, Ill., February 27, æt. 71. Hahnemann Medical College, Chicago, 1871.

Dr. Wm. F. White.

Marysville, Ohio, February 28, æt. 57. Pulte Medical College, Cincinnati.

A MIXTURE OF MEDICINE AND THE SEA SHORE.

Few physicians need to be reminded that the American Institute of Homœopathy meets at Atlantic City, June 28th to July 3d, inclusive. The meetings at this popular resort are always well attended, but this year promises to eclipse all others, both in the number of attendance and in the general interest displayed. There is an unmistakable evidence of a widespread enthusiasm all over the country concerning Homœopathy. It begins to take on the complexion of an old time revival.

The lukewarms, the weak-kneed, the chronic knockers, and the doubting Thomases seem to have received a hypodermic injection of co-operation serum, and are falling over themselves to help boost the Institute. Even the fence straddlers, who seem never to know upon which side it is best policy to light, have sent word that they are coming.

One member from Rhode Island writes: "It is not a question in this State of *who* is going to the Institute, but rather *who* is going to stay home to look after the patients."

Numberless letters are daily coming to the officers of the Institute expressing the highest hopes and the profoundest belief that the coming meeting will far eclipse anything ever held under homœopathic auspices. It was a remarkably significant fact that out of one hundred and fifty physicians who were requested by letter to take the onerous task of pledging themselves to secure ten new members each and thus become the president's cabinet of one hundred, one hundred responded within a few weeks, and up to date eighty have accepted the job with enthusiasm.

Nearly every Bureau chairman has had responses from more essayists than he has had places to fill. North, East, South and West give evidence of the same intense desire to co-operate in making the coming meeting the greatest ever held. There is no alternative about the matter; we must do it, and we must do it now. Our future existence hangs in the balance.

Dr. Costain, Chairman of the Transportation Committee, has his arrangements completed for a special splendid train from Chicago, which will bring all the members from the Northwest to Philadelphia, Washington and Atlantic City en masse. The Philadelphia and Washington fellows have their plans completed to entertain by trolley and auto rides, the arriving guests during the few hours' stop allotted in those respective cities.

All of the meetings will be held in the comfortable, commodious and fireproof hotel, the Chalfonte. The meeting rooms are far removed from the noise of the ocean and street traffic. Members who are fortunate enough to secure rooms in the Chalfonte will not be obliged to leave the hotel for any of the regular meetings. Hence be wise and engage your accommodations at once. The Chalfonte is conducted on the American plan exclusively; prices from \$3.50 to \$6.00 per day.

Many concessions have been secured, which will place all of the attractions of the Boardwalk and beach at a nominal cost. Numerous delightful entertainments, including a deep sea sail, have been arranged for the guests without cost. The last evening, Friday, July 3d, will be a frolic night, at which every visitor is expected to be present. Nothing like it since Barnum's time.

Come to the Institute meeting! Show your loyalty to the Cause which gives you your bread and butter; learn something which will make you a better doctor; give something which will help the other fellow to be as successful as you have been! Let your patients know that you are progressive and are going for their benefit. Come, and thereby get a change of environment and faces, essentials for longevity. Come and have a bully good time, for you may not have it in the hereafter!

DEWITT G. WILCOX,
President.

BOOK REVIEWS.

MODERN MEDICINE. ITS THEORY AND PRACTICE.

In original contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal, and Thomas McCrae, M. D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each, illustrated. Volume II. Diseases caused by Protozoa and Animal Parasites—Diseases Due to Physical, Chemical and Organic Agents—Diseases of Metabolism and of the Respiratory System. *Just ready.* Price per volume, cloth, \$5.00, net; half morocco, \$7.00, net. Lea & Febiger, publishers, Philadelphia and New York, 1914.

The prompt appearance of the second volume of the new Osler and McCrae's *Modern Medicine* gives evidence of excellent organization and efficient co-operation between editors and contributors. This volume has the same handsome appearance as its predecessor, and the same high standard of literary contents. The illustrations, and especially the colored plates, are of exceptional beauty. The subjects treated include Protozoan and Metazoan Infections; Diseases caused by Physical, Chemical and Organic Agents; Diseases of Metabolism and Diseases of the Respiratory Tract.

The eminence of the contributors and the authoritative character of their contributions make it difficult to select any for special comment. Two subjects, however, which have undergone the most revolutionary changes since the appearance of the original work, are represented by Sir William Osler's extensive article on Syphilis, in which treatment is given at considerable length, and an entirely new chapter of high authority on Pellagra. Other sections discuss subjects which have been along the recent line of advance of medical science, and make the volume of exceptional interest and value.

Boericke & Tafel have just bought 2,000 pounds of a very select grade of fine clover honey for their honey trade. There is as much difference in the flavor of honey as there is in the flavor of wines and olive oils. The food value of pure honey is becoming more widely recognized every year. The B. & T. honey leads in quality.